

HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 1



Performance Measure: PCP Prophylaxis		OPR Measure: #3																							
Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm ³ who were prescribed PCP prophylaxis																									
Numerator:	Number of HIV-infected clients with CD4 T-cell counts below 200 cells/mm ³ who were prescribed PCP prophylaxis																								
Denominator:	Number of HIV-infected clients who: <ul style="list-style-type: none">• had a medical visit with a provider with prescribing privileges¹, i.e. MD, PA, NP at least once in the measurement year, and• had a CD4 T-cell count below 200 cells/mm³																								
Patient Exclusions:	1. Patients with CD4 T-cell counts below 200 cells/mm ³ repeated within 3 months rose above 200 cells/mm ³ 2. Patients newly enrolled in care during last three months of the measurement year																								
Data Element:	1. Is the client HIV-infected? (Y/N) 2. If yes, was the CD4 T-cell count <200 cells/mm ³ ? (Y/N) 3. If yes, was PCP prophylaxis prescribed? (Y/N) <ul style="list-style-type: none">a. If no, was the CD4 count repeated within 3 months? (Y/N)b. If yes, did it remain below 200 cells/mm³? (Y/N)<ul style="list-style-type: none">i. If yes, was PCP prophylaxis prescribed? (Y/N)																								
Data Sources:	<ul style="list-style-type: none">• Electronic Medical Record/Electronic Health Record• CAREWare, Lab Tracker, or other electronic data base• HIVQUAL reports on this measure for grantee under review• Medical record data abstraction by grantee of a sample of records																								
National Goals, Targets, or Benchmarks for Comparison:	IHI Goal: 95% ² National HIVQUAL Data ³ : <table><tr><td></td><td>2003</td><td>2004</td><td>2005</td><td>2006</td></tr><tr><td>Top 10%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td></tr><tr><td>Top 25%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td></tr><tr><td>Median*</td><td>93.3%</td><td>90.9%</td><td>92.3%</td><td>94.4%</td></tr></table> <small>*from HAB data base</small>						2003	2004	2005	2006	Top 10%	100%	100%	100%	100%	Top 25%	100%	100%	100%	100%	Median*	93.3%	90.9%	92.3%	94.4%
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Outcome Measures for Consideration:	<ul style="list-style-type: none">◦ Rate of PCP in the measurement year◦ Mortality rates◦ Cost savings																								
Basis for Selection and Placement in Group 1:																									
Pneumocystis pneumonia (PCP) is the most common opportunistic infection in people with HIV. Without treatment, over 85% of people with HIV would eventually develop PCP. It is a major cause of mortality among persons with HIV infection, yet is almost entirely preventable and treatable. Pneumocystis almost always affects the lungs, causing a form of pneumonia. People with CD4 T-cell counts under 200 cells/mm ³ are at greatest risk of developing PCP. The drugs now used to prevent and treat PCP include TMP/SMX,																									

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dapsone, pentamidine, and atovaquone.⁴

Before the widespread use of primary PCP prophylaxis and effective ART, PCP occurred in 70%--80% of patients with AIDS. The course of treated PCP was associated with a mortality rate of between 20% and 40% in persons with profound immunosuppression. Approximately 90% of cases occurred among patients with CD4 T-cell counts <200 cells/mm³.⁵

Measure reflects important aspect of care that significantly impacts survival and mortality. Data collection is currently feasible and measure has a strong evidence base supporting the use.

US Public Health Service Guidelines:

HIV-infected adults and adolescents, including pregnant women and those on HAART, should receive chemoprophylaxis against PCP if they have a CD4 T-cell count <200 cells/mm³.⁶

References/Notes:

¹ A “provider with prescribing privileges” is a health care professional who is certified in their jurisdiction to prescribe ARV therapy.

² IHI Measure reads, “Percent of Patients with a CD4 Cell Count Below 200 cells/mm³ Receiving Pneumocystis Carinii Pneumonia (PCP) Prophylaxis”

³ (<http://www.hivguidelines.org/admin/files/qoc/hivqual/proj%20info/HQNatlAggScrs3Yrs.pdf>)

⁴ http://www.aidsinfo.net.org/factsheet_detail.php?fsnumber=515

⁵ Centers for Disease Control and Prevention. Treating opportunistic infections among HIV-infected adults and adolescents: recommendations from CDC, the National Institutes of Health, and the HIV Medicine Association/Infectious Diseases Society of America. MMWR 2004;53(No. RR-15) (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5315a1.htm>)

⁶ Centers for Disease Control and Prevention. Guidelines for Preventing Opportunistic Infections Among HIV-Infected Persons — 2002 Recommendations of the U.S. Public Health Service and the Infectious Diseases Society of America. MMWR 2002;51 (No. RR-8) (<http://www.cdc.gov/mmwr/PDF/rr/rr5108.pdf> or <http://aidsinfo.nih.gov/ContentFiles/OIpreventionGL.pdf>)